



MUNICIPALITY OF SOUTH DUNDAS

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TILE DRAINAGE APPLICATION

NAME OF PROPERTY OWNER (S) _____
NAME OF APPLICANT/ AGENT _____
ADDRESS _____

TELEPHONE _____

LOCATION
CONCESSION _____ LOT _____ HOUSE # _____
ROAD NAME _____ ON THE _____ SIDE OF THE ROAD

PURPOSE OF APPLICATION
THIS APPLICATION IS FOR 1) TILE DRAINAGE CROSSING TOWNSHIP ROAD _____
2) TILE DRAINAGE ALONG TOWNSHIP ROAD _____

CONTRACTOR
WORK PERFORMED ON THE TILE DRAINAGE WILL BE DONE BY

NAME(S) _____
ADDRESS _____

TELEPHONE _____

ENTRANCE APPLICATION FEE PAYABLE TO THE *TOWNSHIP OF SOUTH DUNDAS* SHALL ACCOMPANY THIS APPLICATION (REFUNDABLE SHOULD THE APPLICATION BE DENIED).

I/WE HEREBY APPLY TO THE CORPORATION OF THE TOWNSHIP OF SOUTH DUNDAS FOR PERMISSION TO CONTRUCT THE ABOVE DESCRIBED AND DO HEREBY AGREE TO CONFORM TO THE CONDTIONS AND SPECIFICATIONS AS OUTLINED ON THE TILE DRAINAGE PERMIT.

DATED _____ SIGNATURE _____

NOTE: THIS IS NOT A PERMIT. WORK MUST NOT BEGIN BEFORE PUBLIC WORKS MANAGER HAS GIVEN APPROVAL TO PROCEED.